

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/622731**  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2							52						
3							53	1					
4							54						
5							55	1					
6							56						
7							57						
8							58						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48	1						98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	4					
TOTAL DEP.							TOTAL DEP.	68					
TOTAL CLAIMS							TOTAL CLAIMS	72					

Best Available Copy